



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-02	BOARD MEETING: December 10, 2012	PROJECT NO: 12-079	PROJECT COST: Original: \$18,655,000 Current: \$
FACILITY NAME: Holy Cross Hospital		CITY: Chicago	
TYPE OF PROJECT: Non-substantive			HSA: VI

PROJECT DESCRIPTION: The applicants (Holy Cross Hospital, Sinai Health System, Mount Sinai Hospital Medical Center of Chicago) are proposing a change of ownership of Holy Cross Hospital, a 274 bed acute care hospital in Chicago. The cost of the project is \$18,655,000. **The anticipated project completion date is March 31, 2013.**

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants (Holy Cross Hospital, Sinai Health System, Mount Sinai Hospital Medical Center of Chicago) are proposing a change of ownership of Holy Cross Hospital, a 274 bed acute care hospital in Chicago. The cost of the project is \$18,655,000.
- **The anticipated project completion date is March 31, 2013.**

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project proposes a change of ownership of a health care facility as defined by the Act. 20 ILCS 3960/3.

PURPOSE:

- According to the applicants “the purpose of the proposed project, which is limited to a change of ownership and control, is to strengthen the proposed system hospitals, protect the sustainability of the combined system, and ensure that inpatient and outpatient hospital services remain accessible to the residents of the southwestern Chicago neighborhoods traditionally served by Holy Cross Hospital through the combining of the Sinai and Holy Cross organizations.”

STATE BOARD REQUIREMENTS FOR CHANGE OF OWNERSHIP:

- **An applicant proposing a change of ownership must provide**
 - details on any proposed changes in the beds or services currently offered,
 - the reason for the transaction,
 - any anticipated additions or reductions in employees,
 - any changes in the restriction of patient admissions, and;
 - attestation that no reductions in access to care will result from the proposed change of ownership transaction.

TRANSACTION:

- The affiliation involves Sinai Health System becoming the sole corporate member of Holy Cross Hospital. No consideration is being paid for this affiliation.

BACKGROUND/COMPLIANCE ISSUES:

- State Board Staff report finding no compliance issues with the applicants.

PUBLIC COMMENTS:

- Letters of support and opposition were received by the State Board Staff. There was no request for a public hearing.
- **Chicago Family Health Center stated in support** *“Chicago Family Health Center is a system which provides over 95,000 patient healthcare visits per year to more than 28,000 low-income residents of Chicago and neighboring communities. We have been committed partners with Holy Cross Hospital for many years. Our Chicago Lawn center is in the Holy Cross Hospital primary service area and many of our patients and staff use hospital health services. This partnership of Holy Cross Hospital with Sinai Health System will strengthen and sustain*

vital community health care services. Sinai Health System has, for decades, demonstrated high quality of care for their patients, and the joining of Holy Cross with Sinai Health System will allow Holy Cross to sustain valued community health resources and provide improved access to more expansive care for Chicago Family Health Center patients."

- **Chicago Police Department stated in support** *"this letter is being written to document the strong support of the Chicago Police Department, 8th District, for Holy Cross Hospital to become a member of Sinai Health System. Ours is the largest Chicago Police Department District. Our area has among the highest levels of crime and violence in the City of Chicago. Residents and police force officers from our district and other City of Chicago Police Districts rely heavily on the services of Holy Cross Hospital. The close proximity and emergency services of the hospital are absolutely essential for a great part of Chicago's southwest side. We know that Holy Cross came near to closure a few years ago and the results of that outcome would have been catastrophic. We are totally supportive of the plans to keep Holy Cross as a viable acute care community hospital and encourage strengthening the hospital and necessary community health services. Sinai Health Systems has been a strong and valued partner of Chicago Police serving Chicago's west side. Many members of the Chicago police force can attest to the quality of treatment, care and services of Mt. Sinai Hospital. This partnership will keep a necessary and valuable community resource in place. I urge the Illinois Health Facilities and Services review Board to support Holy Cross' desire to join Sinai Health System."*
- **Betty Gutierrez stated in support** *"As a community resident, I am writing my support for Holy Cross Hospital becoming a member of Sinai Health System. I am a mother and grandmother that has lived in the Marquette Park area for 30 years. Over the years, my family and I have used the services of Holy Cross Hospital more times than I could easily recount. I have tremendous respect for the Sisters of St. Casimir and their long and deep dedication to helping do what is best for the residents of this community. Their solid leadership has made a very real and positive difference. The Sisters sponsorship of Holy Cross Hospital is to be commended. As the Sisters age, it is clear that a viable alternative needs to be found. Holy Cross Hospital must survive and be strong as there are no other hospitals nearby. My daughter has recently told me of her excitement about community health service programs that Sinai Health Systems has developed and she is delighted to believe that our community will benefit from their expertise. I strongly encourage the Illinois Health Facilities and Services review Board to support Holy Cross Hospital becoming part of Sinai Health System."*

State Senator Jacqueline Y. Collins stated in support *"This letter is being written to document my support for Holy Cross Hospital becoming a member of Sinai Health System. As Illinois State Senator for the 16th District I am well aware that Holy Cross Hospital is the lone hospital serving a large and densely populated area of Chicago's southwest side. This area is economically and health services challenged. I also know that the Sisters of St. Casimir have experienced severe difficulties in sponsoring the hospital without the benefits of being part of a larger system. Healthcare services are desperately needed in the communities served by Holy Cross. The hospital Emergency Room is one of the busiest in Illinois and it receives more ambulances per day than any other state hospital. The mission of caring for the underserved is shared deeply by Holy Cross Hospital and Sinai Health System. This partnership of Holy Cross Hospital with Sinai Health System will strengthen and sustain vital community health care services. Sinai Health System has, for decades, demonstrated high quality of care for their patients, and the joining of Holy Cross with Sinai Health System will*

allow critical health services to survive and will improve access to more specialized care when needed. I urge the Illinois Health Facilities Planning Board to support Holy Cross Hospital desire to join Sinai Health System.

State Senator Mattie Hunter stated in support *"I am writing to document my support for Holy Cross Hospital becoming a member of Sinai Health System. As Illinois State Senator for the 3rd District and a member of the Health and Human Services Committee, I am acutely aware of the lack of affordable health services in the Holy Cross Hospital service area and the need to strengthen resources for a broad range of community healthcare needs. For nearly a century, the Sisters of St. Casimir have sponsored Holy Cross Hospital and have made desperately needed care possible through very challenging times. As the only hospital in a very large area, Holy Cross provides critical emergency and follow-up care to people nearby their homes. The mission based partnership of Holy Cross Hospital with Sinai Health System will add to vital community health care services and increased ability to provide quality care that is accessible. Sinai Health System has demonstrated high quality of care for their patients. This partnership will allow critical health services to survive and will improve access to more specialized care for complicated health needs. I urge the Illinois Health Facilities and Services review Board to support Holy Cross Hospital's wise strategy to join Sinai Health System."*

Vytas Stanevicius, Chairman of the Board, Lithuanian Catholic Press Society stated in opposition *"We oppose the proposed transfer of Holy Cross Hospital to Mount Sinai, but support the alternate recommendation of the Archdiocese of Chicago that Holy Cross Hospital partner with St. Anthony Hospital with which it would be compatible on all fronts. Transferring Holy Cross to Mount Sinai would result in an ongoing conflict insofar that Mount Sinai espouses views contrary to Roman Catholic doctrine. Draugas, the Catholic Lithuanian language Chicago-based newspaper now in its 103rd year of publication, was an integral partner in the development of Holy Cross Hospital, which George Cardinal Mundelein declared would stand as, "a monument to the Lithuanian Catholics of Chicago." We recall the late Leonard Simutis, long-time editor of Draugas, and one of the foremost leaders of the Lithuanian Roman Catholic Charities, the corporate founder of Holy Cross Hospital. He harnessed the power of the press to assure broad-based lay involvement. He also chaired the dedication of the hospital and the blessing of the cornerstone which, even today, eloquently speaks out to all future generations: "First Hospital of the Lithuanian Roman Catholic Charities". We are concerned with the recent turn of events and the draconian prospect that this community asset is being diverted to another hospital without the active consultation and involvement of the community, a community which was key to the founding of Holy Cross Hospital.*

Linus S. Sidrys stated in opposition *"I am writing to you as the duly-elected President of the Lithuanian Roman Catholic Charities, the organization which founded Holy Cross Hospital, (documented on the tile of HCH cornerstone), and as a practicing physician at HCH for 31 years. I strongly urge you to vote against the proposed merger of HCH with Mt. Sinai Hospital. This merger is being organized by Sister Immaculate Wendt, General Superior of the Sister of St. Casimir, and is being implemented by Mr. Wayne Lerner, a Sister Wendt appointee to the post of HCH president. A recent public letter by Sister Wendt discloses her total ignorance of the history of HCH. In this letter she publicly denies that the Lithuanian Roman Catholic Charities (LRCC) had any role in the financing of governance of HCH. This is totally incorrect. The very land on which HCM stands was purchased in 1914 by Rev. A. Stanukynas, the cofounder of LRCC, Board member and first treasurer. His full-length stone statue stands in front of the*

Sisters' Motherhouse. On Dec. 10, 1918 he gave the deed for the 10 acres of land to the Archdiocese of Chicago with the stipulation: that lands described within this document must be used for the sole purpose and benefit of the Lithuanian Roman Catholic Charities of America." In 1928, when the Hospital opened, Cardinal Mundelein himself set up the Board of Directors: 2 members from LRCC, 2 Sisters of St.Casimir, 2 physicians from HCM and 2 from Loyola University. The LRCC funded the entire construction of the HCH first building at a cost of \$165,225.75 and a loan for the remaining \$250,000. The Order of St. Casimir contributed very little money, as they were a teaching Order and had no money. Over the ensuing years, as the Sisters administered the Hospital; the LRCC and Loyola Board members were pushed out. The Sisters started to publicly state that they founded HCH. There was no Lithuanian lay representation on the HCH Board of Directors for 40 years, even as the surrounding community was heavily Lithuanian-American and a large percentage of patients, physicians and staff were of Lithuanian heritage. There was definitely ethnic discrimination by the Sisters, ironically enough, against the very group that built the hospital and invited them in to staff it. This raises important moral and ethical questions: Does this Order of Nuns have the right to, in the words of Mr. Lerner "give themselves away to Mt Sinai Hospital? (Crain's Chicago Business). Not according to Thomas Kennedy- the Director of Real Estate Management for the Archdiocese of Chicago. He states that the deed is owned by Holy Cross Hospital, not by the Sisters, (On the merger petition, the Sisters of St. Casimir are listed as Owners and Operators.) In today's Southwest News-Herald, 11-16-12, hospital spokesman Dennis Ryan does not claim that the Sisters own the hospital, he only states that the Sisters have sponsored Holy Cross for decades ... " So, does a "sponsor" have the right to implement a "Merger "which would entirely eliminate the HCH Board of Directors and end its existence as an independent identity? Do they have a right to "confiscate" the donations given by poor, working catholic faithful to a Catholic institution and give it all away to a non-catholic, non-local business enterprise? The Cardinal-Archbishop of the Chicago Archdiocese was publicly entrusted by Rev. Stanukynas, the LRCC and the Lithuanian-American community of the Southwest side to safeguard this nonprofit institution on behalf of this group who willingly sacrificed their own time and money for the community. Francis Cardinal George has already indicated to the Sisters that, if they must partner, they should partner with St. Anthony. The non-catholic president of HCH, Mr. Lerner, has disregarded this fact. Mr. Lerner came in as president with the promise that he would save" HCH," and instead, is organizing its self-destruction. The merger would be seen by the Lithuanian Catholic community world-wide as a tragic loss of the one and only hospital built by the Lithuanian community in the USA. This would embarrass the Archdiocese of Chicago and insult our beloved Francis cardinal George, gravely ill with cancer."

FINANCIAL AND ECONOMIC FEASIBILITY:

- No consideration is being paid to Holy Cross Hospital. The FMV of the assets are \$18,655,000 and was determined from the acquisition price paid by Vanguard Health System for Holy Cross Hospital. The Vanguard change of ownership was abandoned August 17, 2011.

CONCLUSIONS:

- The applicants state the following "The proposed transaction will not result in the elimination of any "safety net services", nor will it result in the elimination of any other clinical services. There are however, both clinical and non-clinical redundancies that are being and will continue to be evaluated. As a result, the potential exists for the consolidation of services or changes to the manner in which services are provided;

particularly non-clinical services such as receivables and payables management, human resources, information technology, medical records management, and purchasing/procurement over the next twelve months. Potential changes in the manner in which these services are provided will likely result in a consolidation of a currently undetermined number of positions."

STATE BOARD STAFF REPORT
Holy Cross Hospital, Chicago
Project #12-079

APPLICATION SUMMARY	
Applicants	Holy Cross Hospital, Sinai Health System, Mount Sinai Hospital Medical Center of Chicago
Facility Name	Holy Cross Hospital
Location	Chicago
Application Received	September 10, 2012
Application Deemed Complete	September 10, 2012
Scheduled Review Period Ended	November 10, 2012
Can Applicants Request Another Deferral?	Yes

I. The Proposed Project

The applicants (Holy Cross Hospital, Sinai Health System, Mount Sinai Hospital Medical Center of Chicago) are proposing a change of ownership of Holy Cross Hospital, a 274 bed acute care hospital in Chicago. The cost of the project is \$18,655,000.

II. Summary of Findings

- A. **The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1110.**
- B. **The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1120.**

III. General Information

The applicants are Holy Cross Hospital, Sinai Health System, Mount Sinai Hospital Medical Center of Chicago. The facility is located at 2701 West 68th Street, Chicago, Illinois in the HSA VI Service Area and the A-03 planning area. The current operating entity/licensee is Holy Cross Hospital, and the owner of the site is Holy Cross Hospital. Project obligation will occur after permit issuance. **At the conclusion of this report is the 2011 Hospital Profiles for Holy Cross Hospital and Mount Sinai Hospital Medical Center of Chicago.**

IV. Project Costs and Sources of Funds

The Fair Market Value of the assets is \$18,655,000.

V. **Criterion 1110.240 - Changes of Ownership, Mergers and Consolidations**

- a) **Introduction.** The review criteria contained in this Section are designed to evaluate the impact on the health care system for applicants for permit involving mergers, consolidations or changes of ownership as defined in 77 Ill. Adm. Code 1130. These criteria are in addition to other applicable criteria.
- b) **Impact Statement – Review Criterion.** The applicant must submit an impact statement which details any proposed changes in the beds or services currently offered, who the anticipated operating entity will be, the reason for the transaction, any anticipated additions or reductions in employees, and a cost/benefit analysis of the transaction. The statement must reflect at least a two-year period following the date of the change of ownership, merger or consolidation.
- c) **Access – Review Criterion.** The applicant must document any changes which may result in the restriction of patient admissions and document that no reductions in access to care will result from the transaction. Documentation shall consist of a written certification that the admission policies of the facilities involved will not become more restrictive and the submission of both the current formal admission policies of all institutions involved and the anticipated policy following completion of the project.

Holy Cross Hospital ("HCH") and Mount Sinai Hospital Medical Center ("MSH") are located approximately 7.2 miles apart. Sinai Health System, and particularly through Mount Sinai Hospital Medical Center, and Holy Cross Hospital are among the most active providers of safety net services in the State of Illinois, with both providing a broad spectrum of inpatient, outpatient, and community-based services to largely minority populations on the West and Southwest sides of Chicago. During 2011, MSH and HCH provided inpatient charity care to 2,660 patients, representing 12.0% and 5.9% respectively of the two hospitals' admissions. In addition, 45.9% of MSH's admissions and 33.8% those admitted to HCH were Medicaid recipients.

The purpose of the proposed project is to strengthen the proposed system hospitals, protect the sustainability of the combined system, and ensure that inpatient and outpatient hospital services remain accessible to the residents of the southwestern Chicago neighborhoods traditionally served by Holy Cross Hospital and Sinai Health System through the combining of the Sinai and Holy Cross organizations. It is believed by the applicants that their geographic proximity, overlapping service areas, and the greater scale of the proposed combined organization will create opportunities for greater efficiencies in the delivery of health care services on both the HCH and MSH

The primary issues faced by the Holy Cross Hospital that have led to this project are: 1) the desire of the hospital to remain a viable provider of services, 2) the desire that the hospital maintain its Catholic identity, and 3) the hospital's inability to continue to operate and make the needed improvements that will assure its future. The need for the Sisters of St. Casimir to divest was identified both through a hospital-directed strategic planning process as well as through independent outside analyses over the past four years.

The proposed change of ownership will assure that services historically provided by the hospital will remain accessible to the community. Sinai Health System certifies that no clinical programs have been identified for discontinuation, and that Holy Cross Hospital's admissions policies will not become more restrictive as a result of the proposed change of ownership and control.

As is the case with many changes of ownership, an initial drop in utilization may occur as the result of physicians modifying their admitting practices. In terms of a quantifiable objective, the goal will be to increase market shares for all services within twelve months of the change of ownership.

The proposed transaction will not result in the elimination of any "safety net services", nor will it result in the elimination of any other clinical services. There are however, both clinical and non-clinical redundancies that are being and will continue to be evaluated. As a result, the potential exists for the consolidation of services or changes to the manner in which services are provided; particularly non-clinical services such as receivables and payables management, human resources, information technology, medical records management, and purchasing/procurement over the next twelve months. Potential changes in the manner in which these services are provided will likely result in a consolidation of a currently undetermined number of positions.

As of the filing of this application, no IDPH-designated "categories of service" have been earmarked for discontinuation. The applicants fully understand however, that should a decision be made to do so in the future, prior approval of the IHFSRB must be secured. The IDPH-designated "categories of services" currently provided in common by both HCH and Sinai Health System are: medical/surgical beds, ICU beds, obstetrics beds, comprehensive physical rehabilitation beds, and cardiac catheterization services.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH CHANGE OF OWNERSHIP CRITERION (77 IAC 1110.240)

VI. Safety Net Impact Statement/Charity Care

The applicant notes the project is categorized as non-substantive, and a Safety Net Impact Statement is not applicable to this project.

The table below shows the amount of charity care provided for the 3 fiscal years prior to submission of the application.

TABLE ONE Charity Care			
Holy Cross Hospital	2009	2010	2011
Net Patient Revenue	\$101,200,591	\$93,555,098	\$91,776,624
Amount of Charity Care (charges)	\$10,435,701	\$16,158,075	\$16,753,963
Cost of Charity Care	\$4,501,238	\$7,595,653	\$7,615,439
% of Cost of Charity Care/Net Patient Revenue	4.45%	8.12%	8.30%
Mount Sinai Hospital Medical Center of Chicago	2009	2010	2011
Net Patient Revenue	\$288,615,746	\$293,509,014	\$289,796,016
Amount of Cha .	\$65,429,637	\$66,507,459	\$78,028,438
Cost of Charity Care	\$17,879,430	\$16,440,644	\$19,288,630
% of Cost of Charity Care/Net Patient Revenue	6.19%	5.60%	6.66%

Ownership, Management and General Information

ADMINISTRATOR NAME: Wayne Lerner
ADMINSTRATOR PHONE: 773-884-1602
OWNERSHIP: Sisters of Saint Casimir
OPERATOR: Sisters of Saint Casimir
MANAGEMENT: Church-Related
CERTIFICATION:
FACILITY DESIGNATION: General Hospital
ADDRESS 2701 West 68th Street

CITY: ChicagoPatients by Race

White 27.6%
 Black 70.7%
 American Indian 0.0%
 Asian 0.4%
 Hawaiian/ Pacific 0.0%
 Unknown: 1.2%

Patients by Ethnicity

Hispanic or Latino: 12.0%
 Not Hispanic or Latino: 87.4%
 Unknown: 0.6%
 IDPH Number: 0992
 HPA A-03
 HSA 6

COUNTY: Suburban Cook (Chicago)Facility Utilization Data by Category of Service

<u>Clinical Service</u>	Authorized CON Beds 12/31/2011	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2011	Staff Bed Occupancy Rate %
Medical/Surgical	204	196	129	7,343	29,997	4,310	4.7	94.0	46.1	48.0
0-14 Years				3	8					
15-44 Years				1,460	4,720					
45-64 Years				3,191	12,234					
65-74 Years				1,108	5,138					
75 Years +				1,581	7,897					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	20	20	20	1,748	5,235	0	3.0	14.3	71.7	71.7
Direct Admission				1,340	4,277					
Transfers				408	958					
Obstetric/Gynecology	16	15	9	433	1,040	0	2.4	2.8	17.8	19.0
Maternity				433	1,040					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	34	20	20	470	5,015	0	10.7	13.7	40.4	68.7
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	274			9,586	41,287	4,310	4.8	124.9	45.592	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	45.5%	33.8%	0.3%	12.4%	2.1%	5.9%	
	4358	3242	29	1189	201	567	9,586
Outpatients	23.6%	34.1%	0.4%	28.4%	10.9%	2.6%	
	18786	27070	285	22591	8641	2083	79,456

Financial Year Reported: 7/1/2010 to 6/30/2011Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	60.2%	14.9%	0.1%	12.8%	12.1%	100.0%		7,615,439
	39,444,825	9,747,679	86,924	8,384,107	7,903,543	65,567,078	3,540,563	
Outpatient Revenue (\$)	22.0%	9.9%	0.2%	35.9%	32.0%	100.0%		Total Charity Care as % of Net Revenue
	5,777,418	2,586,668	49,510	9,398,800	8,397,150	26,209,546	4,074,876	8.3%

Birthing Data

Number of Total Births: 387
 Number of Live Births: 383
 Birthing Rooms: 7
 Labor Rooms: 7
 Delivery Rooms: 2
 Labor-Delivery-Recovery Rooms: 7
 Labor-Delivery-Recovery-Postpartum Rooms: 7
 C-Section Rooms: 1
 CSections Performed: 53

Newborn Nursery Utilization

Level 1 Patient Days 927
 Level 2 Patient Days 163
 Level 2+ Patient Days 1,090
 Total Nursery Patientdays 2,180

Laboratory Studies

Inpatient Studies 249,557
 Outpatient Studies 232,714
 Studies Performed Under Contract 0

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	165	70	429	179	608	2.6	2.6
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	6	6	346	193	792	431	1223	2.3	2.2
Gastroenterology	0	0	0	0	12	8	25	17	42	2.1	2.1
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	58	114	326	130	456	5.6	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	277	0	524	524	0.0	1.9
Orthopedic	0	0	0	0	186	225	569	472	1041	3.1	2.1
Otolaryngology	0	0	0	0	96	242	188	443	631	2.0	1.8
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	45	19	104	40	144	2.3	2.1
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	244	247	592	602	1194	2.4	2.4
Totals	0	0	7	7	1152	1395	3025	2838	5863	2.6	2.0

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

0

Stage 2 Recovery Stations

0

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	1	1	1171	1042	1171	1042	2213	1.0	1.0
Laser Eye Procedures	0	0	1	1	0	101	0	51	51	0.0	0.5
Pain Management	0	0	1	1	0	186	0	93	93	0.0	0.5
Cystoscopy	0	0	1	1	100	67	50	34	84	0.5	0.5
<u>Multipurpose Non-Dedicated Rooms</u>											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	1
Cath Labs used for Angiography procedures	1
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1 Level 2
	(Not Answered) Not Answered
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	33
Persons Treated by Emergency Services:	47,324
Patients Admitted from Emergency:	8,794
Total ED Visits (Emergency+Trauma):	47,324

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	314
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	284
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	30
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	0
Outpatient Visits at the Hospital/ Campus:	0
Outpatient Visits Offsite/off campus	0

<u>Diagnostic/Interventional</u>	<u>Equipment</u>		<u>Examinations</u>			<u>Treatment Equipment</u>	<u>Owned</u>		<u>Contract</u>	<u>Therapies/ Treatments</u>
	<u>Owned</u>	<u>Contract</u>	<u>Inpatient</u>	<u>Outpt</u>	<u>Contract</u>		<u>Owned</u>	<u>Contract</u>		
General Radiography/Fluoroscopy	12	0	14,913	24,916	0	Lithotripsy	0	0	0	0
Nuclear Medicine	2	0	2,142	1,120	0	Linear Accelerator	0	0	0	0
Mammography	2	0	5	1,893	0	Image Guided Rad Therapy	0	0	0	0
Ultrasound	3	0	4,149	7,383	0	Intensity Modulated Rad Thrpy	0	0	0	0
Angiography	1	0				High Dose Brachytherapy	0	0	0	0
Diagnostic Angiography			110	30	0	Proton Beam Therapy	0	0	0	0
Interventional Angiography			20	0	0	Gamma Knife	0	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	6,260	11,225	0					
Magnetic Resonance Imaging	1	0	962	940	0					

Ownership, Management and General Information

ADMINISTRATOR NAME: Alan H. Channing
ADMINSTRATOR PHONE: 773-257-6434
OWNERSHIP: Sinai Health System
OPERATOR: Mount Sinai Hospital Medical Center
MANAGEMENT: Not for Profit Corporation (Not Church-R)
CERTIFICATION:
FACILITY DESIGNATION: General Hospital
ADDRESS: California at 15th Avenue

CITY: Chicago**Patients by Race**

White 33.6%
 Black 60.8%
 American Indian 0.0%
 Asian 0.3%
 Hawaiian/ Pacific 0.0%
 Unknown: 5.2%

Patients by Ethnicity

Hispanic or Latino: 30.2%
 Not Hispanic or Latino: 66.7%
 Unknown: 3.1%
 IDPH Number: 1644
 HPA A-02
 HSA 6

COUNTY: Suburban Cook (Chicago)**Facility Utilization Data by Category of Service**

<u>Clinical Service</u>	Authorized CON Beds 12/31/2011	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2011	Staff Bed Occupancy Rate %
Medical/Surgical	165	143	143	9,710	40,687	1,710	4.4	116.2	70.4	81.2
0-14 Years				0	0					
15-44 Years				3,483	12,443					
45-64 Years				4,001	16,875					
65-74 Years				1,151	5,810					
75 Years +				1,075	5,559					
Pediatric	31	29	29	1,840	4,226	258	2.4	12.3	39.6	42.4
Intensive Care	30	28	28	1,023	3,710	58	3.7	10.3	34.4	36.9
Direct Admission				807	3,710					
Transfers				216	0					
Obstetric/Gynecology	30	29	29	3,297	8,669	90	2.7	24.0	80.0	82.7
Maternity				3,297	8,669					
Clean Gynecology				0	0					
Neonatal	35	29	29	370	7,858	0	21.2	21.5	61.5	74.2
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	28	28	28	1,444	8,197	0	5.7	22.5	80.2	80.2
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	319			17,468	73,347	2,116	4.3	206.7	64.811	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	17.4%	45.9%	0.6%	23.2%	0.9%	12.0%	
	3047	8021	104	4054	149	2093	17,468
Outpatients	11.6%	39.9%	3.9%	24.4%	9.5%	10.8%	
	28504	98231	9561	60076	23323	26596	246,291

Financial Year Reported: 7/1/2010 to 6/30/2011**Inpatient and Outpatient Net Revenue by Payor Source**

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	20.5%	61.0%	1.3%	11.9%	5.3%	100.0%		19,288,630
	45,591,347	135,631,868	2,836,151	26,389,494	11,827,235	222,276,095	11,987,607	
Outpatient Revenue (\$)	13.9%	22.1%	7.1%	26.5%	30.4%	100.0%		Total Charity Care as % of Net Revenue
	9,409,982	14,897,944	4,801,243	17,877,272	20,533,480	67,519,921	7,301,023	6.7%

Birthing Data

Number of Total Births: 2,950
 Number of Live Births: 2,915
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 14
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 2
 CSections Performed: 846

Newborn Nursery Utilization

Level 1 Patient Days 5,770
 Level 2 Patient Days 0
 Level 2+ Patient Days 0
 Total Nursery Patientdays 5,770
Laboratory Studies
 Inpatient Studies 633,288
 Outpatient Studies 1,005,198
 Studies Performed Under Contract 113,296

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	139	115	616	348	964	4.4	3.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	8	8	1133	978	3213	1669	4882	2.8	1.7
Gastroenterology	0	0	0	0	176	84	254	125	379	1.4	1.5
Neurology	0	0	0	0	295	4	1714	13	1727	5.8	3.3
OB/Gynecology	0	0	0	0	245	527	774	818	1592	3.2	1.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	3	55	8	91	99	2.7	1.7
Orthopedic	0	0	1	1	478	261	1659	692	2351	3.5	2.7
Otolaryngology	0	0	0	0	73	316	157	432	589	2.2	1.4
Plastic Surgery	0	0	0	0	274	458	779	829	1608	2.8	1.8
Podiatry	0	0	0	0	59	156	146	301	447	2.5	1.9
Thoracic	0	0	0	0	29	1	105	1	106	3.6	1.0
Urology	0	0	1	1	115	605	440	753	1193	3.8	1.2
Totals	0	0	10	10	3019	3560	9865	6072	15937	3.3	1.7

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

15

Stage 2 Recovery Stations

0

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	459	1925	499	1995	2494	1.1	1.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	12	0	8	8	0.0	0.7
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	1
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1 Level 2
	Adult/Pediatric Not Answered
Operating Rooms Dedicated for Trauma Care	1
Number of Trauma Visits:	5,898
Patients Admitted from Trauma	1,969
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	23
Persons Treated by Emergency Services:	50,486
Patients Admitted from Emergency:	12,665
Total ED Visits (Emergency+Trauma):	56,384

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,035
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	678
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	323
EP Catheterizations (15+)	34

Cardiac Surgery Data

Total Cardiac Surgery Cases:	51
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	51
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	21

Outpatient Service Data

Total Outpatient Visits	246,291
Outpatient Visits at the Hospital/ Campus:	167,479
Outpatient Visits Offsite/off campus	78,812

<u>Diagnostic/Interventional</u>	<u>Equipment</u>		<u>Examinations</u>			<u>Treatment Equipment</u>	<u>Owned Contract</u>		<u>Therapies/ Treatments</u>
	<u>Owned</u>	<u>Contract</u>	<u>Inpatient</u>	<u>Outpt</u>	<u>Contract</u>		<u>Owned</u>	<u>Contract</u>	
General Radiography/Fluoroscopy	19	0	30,175	38,668	0	Lithotripsy	0	0	0
Nuclear Medicine	2	0	1,286	2,532	0	Linear Accelerator	1	0	9,011
Mammography	2	0	32	12,137	0	Image Guided Rad Therapy	0	0	0
Ultrasound	20	0	7,660	33,504	0	Intensity Modulated Rad Thrpy	0	0	918
Angiography	2	0				High Dose Brachytherapy	1	0	10
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			2612	1112	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	12,345	11,961	0				
Magnetic Resonance Imaging	1	0	1,993	2,639	0				